

FORM LM-30

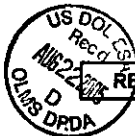
LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215-0188
Expires 11-30-2006

This report is mandatory under P L 86-257, as amended Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U S C 439 or 440

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U - <u>10889</u>	2 Fiscal Year Covered From <u>01</u> / <u>01</u> / <u>2004</u> Through <u>12</u> / <u>31</u> / <u>2004</u>
3 Name and address of person filing Name <u>ROBERT</u> <u>R. WARNOCK, JR.</u> P O Box, Bldg, Room No, if any _____ Street <u>2405 E. EDISON ROAD</u> City <u>SOUTH BEND,</u> State <u>INDIANA</u> ZIP Code + 4 <u>46615</u>	4 Name, file number, and address of labor organization Name <u>TEAMSTERS LOCAL UNION NO. 1364</u> Labor Organization File Number <u>039539</u> P O Box, Building and Room Number, if any _____ Street <u>2405 E. EDISON ROAD</u> City <u>SOUTH BEND,</u> State <u>INDIANA</u> ZIP Code + 4 <u>46615</u>
5 Position in labor organization <u>PRESIDENT</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions).

A Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name, if any) Name _____ Trade Name, if any _____ P O Box, Bldg, Room No, if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7 a Nature of Interest, Transaction, or Income _____ 7 b Amount _____

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete (See the section on penalties in the instructions)	
Signed <u>Robert R. Warnock, Jr.</u>	On <u>8-15-05</u> <u>574-784-8807</u> Date Telephone Number

Name of Person Filing ROBERT R. WARNOCK, JR.	File Number U-
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name, if any) Name <input type="text"/> Trade Name, if any <input type="text"/> P O Box, Bldg, Room No, if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/>	9 Business deals with <input type="checkbox"/> a Labor Organization <input type="checkbox"/> b Trust <input type="checkbox"/> c Employer
10 If 9 b or 9 c is checked give trust or employer's name Name <input type="text"/> Trade Name, if any <input type="text"/> P O Box, Bldg, Room No, if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/>	11 a Nature of such dealing <input type="text"/> 11 b Approximate dollar value of such dealing <input type="text"/> 12 a Nature of interest held or income received <input type="text"/> 12 b Amount <input type="text"/>

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value	
13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any) Name <input type="text"/> INDIANA TEAMSTERS HEALTH BENEFITS FUND Trade Name, if any <input type="text"/> P O Box, Bldg, Room No, if any <input type="text"/> Street <input type="text"/> 1233 SHELBY STREET City <input type="text"/> INDIANAPOLIS State <input type="text"/> INDIANA ZIP Code + 4 <input type="text"/> 46203	14 a Nature of payment PAYMENT FOR EXPENSES INCURRED AS A TRUSTEE OF THE HEALTH FUND TO ATTEND MEETINGS AND SEMINARS
13 b Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/> ?	14 b Amount of payment <input type="text"/> \$ 2102.91

DISCLAIMER EXAMPLE

The transactions, dealings and interests that are reported in the attached Form LM-30 represent my good faith effort to reconstruct any reportable occurrences for calendar year 2004. Some items may have been unintentionally omitted. If, in the future, it comes to my attention that there is a matter which should have been reported for calendar year 2004, I will file an amended Form LM-30.

Robert R. Warnock, Jr.
Signature

8/15/05
Date